

Application Form

FOR COLLEGE USE ONLY

Ref: Date Received: Acknowledged:

This form should be completed for any full-time Further Education course, Apprenticeship programme, or HNC course

EVERYONE APPLYING FOR A COURSE AT REASEHEATH WILL BE INVITED TO AN INFORMAL DISCUSSION/INTERVIEW WITH A COURSE TUTOR

WE WILL DO EVERYTHING WE CAN TO HELP YOU AT THIS STAGE AND TO SUPPORT YOU WHILST AT COLLEGE.

TO HELP US TO HELP YOU, PLEASE

- If you have a health problem, a disability or if you feel you will need help with your learning please ✓ the box
- If you feel that you need some help at the discussion/interview please ✓ the box
- If you wish to talk to someone about anything above please ✓ the box or telephone **01270 625131**

To be completed personally by the applicant

MALE FEMALE FIRST NAME(S) SURNAME

HOME ADDRESS

POSTCODE

TELEPHONE NUMBER

MOBILE NUMBER

EMAIL

DATE OF BIRTH

AGE AT NEXT BIRTHDAY

NATIONAL INSURANCE NUMBER

EDUCATION - LAST SCHOOL / COLLEGE

Ethnic background

- | | | |
|---|--|--|
| Asian or Asian British - Bangladeshi <input type="checkbox"/> | Black or Black British – other <input type="checkbox"/> | White - British <input type="checkbox"/> |
| Asian or Asian British – Indian <input type="checkbox"/> | Chinese <input type="checkbox"/> | White - Irish <input type="checkbox"/> |
| Asian or Asian British – Pakistani <input type="checkbox"/> | Mixed - White and Asian <input type="checkbox"/> | White - Other <input type="checkbox"/> |
| Asian or Asian British – other <input type="checkbox"/> | Mixed - White and Black African <input type="checkbox"/> | Other - Please State: <input type="checkbox"/> |
| Black or Black British – African <input type="checkbox"/> | Mixed - White and Black Caribbean <input type="checkbox"/> | |
| Black or Black British – Caribbean <input type="checkbox"/> | Mixed - other <input type="checkbox"/> | |

Please state which type of programme you're applying for

FULL-TIME FE COURSE APPRENTICESHIP HNC PLEASE TICK APPROPRIATE BOX

COURSE/APPRENTICESHIP APPLIED FOR

SECOND CHOICE

WHICH YEAR DO YOU WANT TO START YOUR COURSE?

IF APPLYING FOR AN APPRENTICESHIP, HAVE YOU ALREADY APPLIED TO AN EMPLOYER? YES NO
IF YES, PLEASE STATE EMPLOYERS' NAME, ADDRESS AND TELEPHONE NUMBER

Qualifications

Qualifications gained / estimated grades. An additional sheet may be attached if required

SUBJECT	LEVEL (NVQ, GCSE, AS/A)	ESTIMATED GRADE	ACTUAL GRADE	DATE TAKEN

Employment history / work experience

NAME OF EMPLOYER	POST HELD	DATES

To be completed by the applicant

Please give details of your previous experience, interests or any other relevant information in support of your application. An additional sheet may be attached if required.

Criminal convictions

The college has a duty of care, particularly to learners who are under 18 years of age. In view of this, all applicants are required to declare any criminal convictions. All information given will be treated as sensitive data under the Data Protection Act and dealt with in accordance with our Equal Opportunities Policy.

DO YOU HAVE A CRIMINAL CONVICTION? (excluding fixed penalty driving offences) Yes No

If YES, details should be given in a sealed envelope

References

Recent School leavers are asked to give their School Head Teacher as one of their references

NAME POSITION ADDRESS POSTCODE TELEPHONE NUMBER	NAME POSITION ADDRESS POSTCODE TELEPHONE NUMBER
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APPLICANT SIGNATURE	DATE
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**Completed application forms should be returned to:
Reaseheath College, Reaseheath, Nantwich, Cheshire CW5 6DF, marked 'Application Form'**

Reaseheath College is committed to promoting fairness and inclusion for all and to promoting equal opportunities in all its activities. Applications are welcome from all members of the community regardless of disability, gender, ethnic background and religious belief. The College will take into account any learning difficulties or disabilities and will endeavour to make reasonable adjustments to meet individual needs.

Certain details on this form will be stored for administrative and other purposes. Because of the Data Protection Act 1998, we need your consent before we do this we cannot operate the college effectively without processing information about you, in signing this form you are agreeing with the following consent to process clause. I agree to the College processing personal data contained in this form.